I

111TH CONGRESS
1ST SESSION

H. R. 2276

To establish grants to provide health services for improved nutrition, increased physical activity, obesity and eating disorder prevention, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 6, 2009

Mrs. BONO MACK (for herself and Mrs. LOWEY) introduced the following bill; which was referred to the Committee on Energy and Commerce

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A BILL

To establish grants to provide health services for improved nutrition, increased physical activity, obesity and eating disorder prevention, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Improved Nutrition and Physical Activity Act'' or the ''IMPACT Act''.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) In July 2004, the Secretary of Health and Human Services recognized ''obesity is a critical

public health problem in our country'' and under the Medicare program language was removed from the coverage manual stating that obesity is not an illness.

(2) The National Health and Nutrition Examination Survey for 2002 found that an estimated 65 percent of adults are overweight and 31 percent of adults are obese and 16 percent of children and adolescents in the United States are overweight or obese.

(3) The Institute of Medicine reported in ''Preventing Childhood Obesity'' (2004) that approximately 60 percent of obese children between 5 and 10 years of age have at least one cardiovascular disease risk factor and 25 percent have two or more such risk factors.

(4) According to Centers for Disease Control and Prevention, children who are obese are at greater risk for psychological problems such as stigmatization and poor self-esteem. Obese children and adolescents are targets of early and systematic social discrimination. The psychological stress of social stigmatization can cause low self-esteem which, in turn, can hinder academic and social functioning, and persist into adulthood.

(5) The Ophelia Project reports that approximately 30 percent of youth in the United States are estimated to be actively involved in bullying, either as a bully, target, or both. ABC News reports that 58 percent of children admit that someone has said mean or hurtful things to them online. The emotional safety of children who are overweight or obese is threatened since they are often the targets of bullying and relational aggression, which can have serious effects on their physical and emotional health.

(6) The Institute of Medicine reports that the prevalence of overweight and obesity is increasing among all age groups. There is twice the number of overweight children between 2 and 5 years of age and adolescents between 12 and 19 years of age, and 3 times the number of children between 6 and 11 years of age as there were 30 years ago.

(7) According to the Centers for Disease Control and Prevention, low income and minority girls have the highest rates of childhood obesity. Hispanic, African-American, and Native-American children are disproportionately affected by obesity, with the highest prevalence found among African-American and Hispanic girls. (''The New Normal?: What Girls Say about Healthy Living'' 2006).

(8) According to the 2004 Institute of Medicine report, obesity-associated annual hospital costs for children and youth more than tripled over 2 decades, rising from $35,000,000 in the period 1979 through 1981 to $127,000,000 in the period 1997 through 1999.

(9) The Centers for Disease Control and Prevention reports have estimated that as many as 365,000 deaths a year are associated with being overweight or obese. Overweight and obesity are associated with an increased risk for heart disease (the leading cause of death), cancer (the second leading cause of death), diabetes (the 6th leading cause of death), and musculoskeletal disorders.

(10) According to the National Institute of Diabetes and Digestive and Kidney Diseases, individuals who are obese have a 50 to 100 percent increased risk of premature death.

(11) The Centers for Disease Control and Prevention reports that children spend a considerable amount of time with media. One study found that time spent watching TV, videos, DVDs, and movies averaged slightly over 3 hours per day among children aged 8–18 years. Several studies have found a positive association between the time spent viewing

television and increased prevalence of obesity in children. This time with the media can damage girls' physical and emotional health. The Geena Davis Institute on Gender in the Media reports that in many forms of media, girls and women are often depicted as sexualized objects, which can damage girls' body images.

(12) The Healthy People 2010 goals identify overweight and obesity as one of the Nation's leading health problems and include objectives for increasing the proportion of adults who are at a healthy weight, reducing the proportion of adults who are obese, and reducing the proportion of children and adolescents who are overweight or obese.

(13) Another goal of Healthy People 2010 is to eliminate health disparities among different segments of the population. Obesity is a health problem that disproportionally impacts medically underserved populations.

(14) The 2005 Surgeon General's report ''The Year of the Healthy Child'' lists the treatment and prevention of obesity as a national priority.

(15) The Institute of Medicine report ''Preventing Childhood Obesity'' (2004) finds that ''Childhood obesity is a serious nationwide health

problem requiring urgent attention and a population-based prevention approach . . . .''.

(16) The Centers for Disease Control and Prevention estimates the annual expenditures related to overweight and obesity in adults in the United States to be $264,000,000,000 (exceeding the cost of tobacco-related illnesses) and appears to be rising dramatically. This cost can potentially escalate markedly as obesity rates continue to rise and the medical complications of obesity are emerging at even younger ages. Therefore, the total disease burden will most likely increase, as well as the attendant health-related costs.

(17) Weight control programs should promote a healthy lifestyle including regular physical activity and healthy eating, as consistently discussed and identified in a variety of public and private consensus documents, including the 2001 U.S. Surgeon General's report ''A Call To Action'' and other documents prepared by the Department of Health and Human Services and other agencies.

(18) The Institute of Medicine reports that poor eating habits are a risk factor for the development of eating disorders and obesity. In 2002, more than 35,000,000 Americans experienced limited ac-

cess to nutritious food on a regular basis. The availability of high-calorie, low-nutrient foods have increased in low-income neighborhoods due to many factors.

(19) Effective interventions for promoting healthy eating behaviors should promote healthy lifestyle and not inadvertently promote unhealthy weight management techniques.

(20) The National Institutes of Health reports that eating disorders are commonly associated with substantial psychological problems, including depression, substance abuse, and suicide.

(21) The National Association of Anorexia Nervosa and Associated Disorders estimates that there are 8,000,000 Americans who experience eating disorders. Eating disorders of all types are more common in women than men.

(22) The health risks of Binge Eating Disorder are those associated with obesity and include heart disease, gall bladder disease, and diabetes.

(23) According to the National Institute of Mental Health, Binge Eating Disorder is characterized by frequent episodes of uncontrolled overeating, with an estimated 2 to 5 percent of Americans experiencing this disorder in a 6-month period.

(24) Additionally, the National Institute of Mental Health reports that Anorexia Nervosa, an eating disorder from which 0.5 to 3.7 percent of American women will suffer in their lifetime, is associated with serious health consequences including heart failure, kidney failure, osteoporosis, and death. According to the National Institute of Mental Health, Anorexia Nervosa has one of the highest mortality rates of all psychiatric disorders, placing a young woman with Anorexia Nervosa at 12 times the risk of death of other women her age.

(25) In 2001, the National Institute of Mental Health reported that 1.1 to 4.2 percent of American women will suffer from Bulimia Nervosa in their lifetime. Bulimia Nervosa is an eating disorder that is associated with cardiac, gastrointestinal, and dental problems, including irregular heartbeats, gastric ruptures, peptic ulcers, and tooth decay.

(26) On the 2007 Youth Risk Behavior Survey, 4.3 percent of high school students reported recent use of laxatives or vomiting to control their weight.

(27) The Girl Scout Research Institute found that most girls have a holistic view of health and believe physical and emotional health are of equal importance. This connection is reflected in their behav-

ior and attitudes toward diet and exercise. Diet and exercise patterns are linked to emotional health, self-esteem, and body image, which all play a critical role in how girls define health. (''The New Normal?: What Girls Say about Healthy Living'' 2006).

(28) A strict focus on physical health does not resonate emotionally with girls. Any reframing or re-defining of health needs, including nutrition and physical activity, needs to focus on the positive emotional outcomes that are likely to result from healthy behavior (other than maintaining normal weight and eating nourishing foods). For girls, being healthy means not only eating right and looking good, but also feeling good about oneself and having a good relationship with one's peers. (''The New Normal?: What Girls Say about Healthy Living'' 2006).

(29) The Girl Scout Research Institute reports that emotional safety is a top concern for girls. Relational aggression, or emotional bullying, threatens girls' emotional and physical safety. Efforts to improve girls' health should include the prevention of relational aggression, since most girls define safety in terms of relationships and healthy relationships are crucial to girls' physical and emotional health. (''Feeling Safe: What Girls Say'' 2003 and ''The

New Normal?: What Girls Say about Healthy Living'' 2006).

(30) Girls' body images affects their emotional and physical health, such as self-esteem and eating and exercise habits. External factors such as family, celebrities, and the media also have an effect on girls' perception of their bodies. Therefore, promoting healthy media images of girls and woman can help improve their physical and emotional health. (''The New Normal?: What Girls Say about Healthy Living'' 2006).

(31) According to the Girl Scout Research Institute, parents—especially mothers in the case of girls—are important influences and role models. Efforts to inspire and motive girls to make healthier choices must focus on helping parents support their children and teach parents that their choices model behaviors for how to live a healthy life. (''The New Normal?: What Girls Say about Healthy Living'' 2006).

(32) There is a tension between health awareness and behavior among children and youth. Although girls demonstrate basic knowledge about healthy foods and eating behaviors, they are not putting this knowledge into practice and it is normal for

many girls to make poor choices with respect to diet and exercise. Teaching healthy nutrition and exercise habits should make healthy living seem reasonable, socially acceptable, applicable and attainable. (''The New Normal?: What Girls Say about Healthy Living'' 2006).

(33) According to the American Academy of Pediatrics, the current epidemic of inactivity and the associated epidemic of obesity are being driven by multiple factors (societal, technologic, industrial, commercial, financial) and must be addressed likewise on several fronts. Success is more likely to be achieved by the implementation of sustainable, economically viable, culturally acceptable active-living policies that can be integrated into multiple sectors of society. (''Pediatrics'' Vol. 117 No. 5 May 2006, pp. 1834–1842 (doi:10.1542/peds.2006–0472) (''Active Healthy Living: Prevention of Childhood Obesity Through Increased Physical Activity'')).

(34) According to the 2006 School Health Policies and Programs Study, conducted by the Centers for Disease Control and Prevention, only 3.8 percent of elementary schools, 7.9 percent of middle schools, and 2.1 percent of high schools provided daily physical education or its equivalent for the entire school

year for students in all grades. Overall, about 22 percent of schools did not require students to take any physical education.

(35) Additionally, the 2006 School Health Policies and Programs Study revealed that 64.4 percent of schools with primary responsibility for food preparation reported they did not reduce the amount of fats and oils used in recipes or use low-fat recipes when preparing school meals. Nationwide, 21.1 percent of elementary schools, 62.4 percent of middle schools, and 85.8 percent of high schools had one or more vending machines from which students could purchase food or beverages.

(36) The Institute of Medicine reports that taking action against childhood obesity must address the factors that influence both eating and physical activity. According to the Institute of Medicine, ''[a]lthough a number of organizations, industries, institutions, and agencies must be involved in designing and implementing changes, efforts cannot succeed unless they also engage the families, schools, and communities that create the environments in which children live and their behaviors are formed''.

TITLE I—TRAINING GRANTS

SEC. 101. GRANTS TO PROVIDE TRAINING FOR HEALTH PROFESSION STUDENTS.

Section 747(c)(3) of the Public Health Service Act (42 U.S.C. 293k(c)(3)) is amended by striking ''and victims of domestic violence'' and inserting ''victims of domestic violence, individuals (including children) who are overweight or obese (as such terms are defined in section 399W(j)) and at-risk for related serious and chronic medical conditions, and individuals who suffer from eating disorders''.

SEC. 102. GRANTS TO PROVIDE TRAINING FOR HEALTH PROFESSIONALS.

Section 399Z of the Public Health Service Act (42 U.S.C. 280h–3) is amended—

(1) in subsection (b), by striking ''2005'' and inserting ''2010'';

(2) by redesignating subsection (b) as subsection (c);

(3) by inserting after subsection (a) the following:

''(b) GRANTS.—

''(1) IN GENERAL.—The Secretary may award grants to eligible entities to train primary care physicians and other licensed or certified health profes-

sionals on how to identify, properly refer or treat, and prevent obesity or eating disorders and aid individuals who are overweight, obese, or who suffer from eating disorders.

''(2) APPLICATION.—An entity that desires a grant under this subsection shall submit an application at such time, in such manner, and containing such information as the Secretary may require, including a plan for the use of funds that may be awarded and an evaluation of the training that will be provided.

''(3) USE OF FUNDS.—An entity that receives a grant under this subsection shall use the funds made available through such grant to—

''(A) use evidence-based findings or recommendations that pertain to the prevention and treatment of obesity, being overweight, and eating disorders to conduct educational conferences, including Internet-based courses and teleconferences, on—

''(i) how to treat or prevent obesity, being overweight, and eating disorders;

''(ii) the link between obesity, being overweight, eating disorders and related serious and chronic medical conditions;

''(iii) holistic health: the connection between emotional and physical health;

''(iv) how to discuss varied strategies with patients from at-risk and diverse populations to promote positive behavior change and healthy lifestyles to avoid obesity, being overweight, and eating disorders;

''(v) how to identify overweight, obese, individuals with eating disorders, and those who are at risk for obesity and being overweight or suffer from eating disorders and, therefore, at risk for related serious and chronic medical conditions; and

''(vi) how to conduct a comprehensive assessment of individual and familial health risk factors; and

''(B) evaluate the effectiveness of the training provided by such entity in increasing knowledge and changing attitudes and behaviors of trainees.''; and

(4) in subsection (c) (as so redesignated)—

(A) by striking ''There are authorized to be appropriated to carry out this section'' and

all that follows and inserting the following: ''There are authorized to be appropriated—

''(1) to carry out subsection (a),''; and

(B) by adding at the end the following:

''(2) to carry out subsection (b), $10,000,000 for fiscal year 2010, and such sums as may be necessary for each of fiscal years 2011 through 2014.''.

TITLE II—COMMUNITY-BASED SOLUTIONS TO INCREASE PHYSICAL ACTIVITY, IMPROVE NUTRITION, AND PROMOTE EMOTIONAL WELLNESS AND HEALTHY EATING BEHAVIORS

SEC. 201. GRANTS TO INCREASE PHYSICAL ACTIVITY AND EMOTIONAL WELLNESS, IMPROVE NUTRITION, AND PROMOTE HEALTHY EATING BEHAVIORS.

Part Q of title III of the Public Health Service Act (42 U.S.C. 280h et seq.) is amended by striking section 399W and inserting the following:

"SEC. 399W. GRANTS TO INCREASE PHYSICAL ACTIVITY AND EMOTIONAL WELLNESS, IMPROVE NUTRITION, AND PROMOTE HEALTHY EATING BEHAVIORS AND HEALTHY LIVING.

''(a) ESTABLISHMENT.—

''(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in coordination with the Administrator of the Health Resources and Services Administration, the Director of the Indian Health Service, the Secretary of Education, the Secretary of Agriculture, the Secretary of the Interior, the Director of the National Institutes of Health, the Director of the Office of Women's Health, and the heads of other appropriate agencies, shall award competitive grants to eligible entities to plan and implement programs that promote healthy eating behaviors, physical activity, emotional wellness, and healthy living, and to prevent eating disorders, obesity, being overweight, and related serious and chronic medical conditions. Such grants may be awarded to target at-risk populations including youth, adolescent girls, health disparity populations (as defined in section 485E(d)), and the underserved.

''(2) TERM.—The Secretary shall award grants under this subsection for a period not to exceed 4 years.

''(b) AWARD OF GRANTS.—An eligible entity desiring a grant under this section shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require, including—

''(1) a plan describing a comprehensive program of approaches to encourage healthy living, emotional wellness, healthy eating behaviors, and healthy levels of physical activity;

''(2) the manner in which the eligible entity will coordinate with appropriate State and local authorities and community-based organizations, including—

''(A) State and local educational agencies;

''(B) departments of health;

''(C) chronic disease directors;

''(D) State directors of programs under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786);

''(E) governors' councils for physical activity and good nutrition;

''(F) State and local parks and recreation departments;

''(G) State and local departments of transportation and city planning; and

''(H) community-based organizations serving youth; and

''(3) the manner in which the applicant will evaluate the effectiveness of the program carried out under this section.

''(c) COORDINATION.—In awarding grants under this section, the Secretary shall ensure that the proposed programs show a history of addressing these issues, have program evaluations that show success, and are coordinated in substance and format with programs currently funded through other Federal agencies and operating within the community including the Physical Education Program (PEP) of the Department of Education.

''(d) ELIGIBLE ENTITY.—In this section, the term 'eligible entity' means—

''(1) a city, county, tribe, territory, or State;

''(2) a State educational agency;

''(3) a tribal educational agency;

''(4) a local educational agency;

''(5) a federally qualified health center (as defined in section 1861(aa)(4) of the Social Security Act);

''(6) a rural health clinic;

''(7) a health department;

''(8) an Indian Health Service hospital or clinic;

''(9) an Indian tribal health facility;

''(10) an urban Indian facility;

''(11) any health provider;

''(12) an accredited university or college;

''(13) a youth serving organization;

''(14) a community-based organization;

''(15) a local city planning agency;

''(16) a State or local parks and recreation department; or

''(17) any other entity determined appropriate by the Secretary.

''(e) USE OF FUNDS.—An eligible entity that receives a grant under this section shall use the funds made available through the grant to—

''(1) carry out community-based activities including—

''(A) city planning, transportation initiatives, and environmental changes that help promote physical activity, such as increasing the use of walking or bicycling as a mode of transportation;

''(B) forming partnerships and activities with businesses, community-based organiza-

tions, and other entities to increase physical activity levels and promote holistic health including promote healthy eating behaviors and the prevention of relational aggression in schools and while traveling to and from schools;

''(C) forming partnerships with entities, including schools, faith-based entities, community-based organizations, and other organizations providing recreational services, to establish programs that use their facilities or other resources for after-school, weekend, and summer community activities, especially those that promote emotional and social wellness or involve physical activity;

''(D) establishing incentives for retail food stores, farmers' markets, food co-ops, grocery stores, and other retail food outlets that offer fresh fruits and vegetables and other nutritious foods to encourage such stores and outlets to locate in economically depressed areas;

''(E) forming partnerships with senior centers, nursing facilities, retirement communities, and assisted living facilities to establish programs for older people to foster physical activity and healthy eating behaviors;

"(F) forming partnerships with daycare and after-school entities to establish programs that promote healthy eating behaviors and physical activity and that address health holistically, including building strong and healthy relationships;

"(G) developing and evaluating community educational activities targeting healthy relationships, good nutrition, and promoting healthy eating behaviors to bridge the gap between children's behavior and their awareness and knowledge of healthy eating and exercise habits;

"(H) providing, directly or in cooperation with State and local parks and recreation departments, programs and other opportunities for daily physical activity;

"(I) identifying and combating issues such as bullying and relational aggression, that cause overeating, physical inactivity, eating disorders, and other unhealthy behaviors;

"(J) forming partnerships with parents and caregivers to form programs that educate adults about healthy living and how to teach their children self-esteem and healthy eating and exercise habits; and

"(K) creating educational and media literacy programs to inform the public, businesses, community-based organizations, and other entities about unhealthy media images and their effect on girls' body image and eating habits;

"(2) carry out age-appropriate school-based activities including—

"(A) developing and testing educational curricula and intervention programs designed to promote healthy eating behaviors and habits in youth, which may include—

"(i) after hours physical activity programs;

"(ii) increasing opportunities for students to make informed choices regarding healthy eating behaviors and forming healthy lifestyles; and

"(iii) science-based interventions with multiple components to prevent eating disorders including nutritional content, understanding and responding to hunger and satiety, positive body image development, positive self-esteem development, and learning life skills (such as stress manage-

ment, media literacy, communication skills, problem-solving and decisionmaking skills), as well as consideration of cultural and developmental issues, and the role of family, school, and community;

''(B) providing education and training to educational professionals and adult volunteers for community-based organizations regarding—

''(i) a healthy lifestyle and a healthy school environment;

''(ii) healthy relationships and emotional wellness through the prevention of relational aggression;

''(iii) integrating eating disorder prevention and awareness in physical education, health, and after-school curriculum to the maximum extent possible; and

''(iv) establishing policies on relational aggression;

''(C) planning and implementing a healthy lifestyle curriculum or program with an emphasis on healthy eating behaviors, physical activity, and emotional wellness, including the role of healthy relationships and prevention of bul-

lying, such as relational aggression and cyberbullying; and

''(D) planning and implementing healthy lifestyle classes or programs for parents or guardians, with an emphasis on healthy eating behaviors, physical activity, emotional wellness, and the connection between emotional and physical health;

''(3) carry out activities through the local health care delivery systems including—

''(A) promoting healthy eating behaviors and physical activity services and emotional wellness to treat or prevent eating disorders, being overweight, and obesity;

''(B) providing patient education and counseling to increase physical activity, promote healthy eating behaviors, and improve emotional wellness; and

''(C) providing community education on good nutrition, physical activity, and emotional wellness to develop a better understanding of the relationship between diet, physical activity, and emotional wellness and eating disorders, obesity, or being overweight; or

''(4) other activities determined appropriate by the Secretary (including evaluation or identification and dissemination of outcomes and best practices).

''(f) MATCHING FUNDS.—In awarding grants under subsection (a), the Secretary may give priority to eligible entities who provide matching contributions. Such non-Federal contributions may be cash or in-kind, fairly evaluated, including plant, equipment, training, curriculum, or a preexisting evaluation framework.

''(g) TECHNICAL ASSISTANCE.—The Secretary may set aside an amount not to exceed 10 percent of the total amount appropriated for a fiscal year under subsection (k) to permit the Director of the Centers for Disease Control and Prevention to provide grantees with technical support in the development, implementation, and evaluation of programs under this section and to disseminate information about effective strategies and interventions in preventing and treating obesity and eating disorders through the promotion of healthy eating behaviors, physical activity, and emotional wellness.

''(h) LIMITATION ON ADMINISTRATIVE COSTS.—An eligible entity awarded a grant under this section may not use more than 10 percent of funds awarded under such grant for administrative expenses.

''(i) REPORT.—Not later than 6 years after the date of enactment of the Improved Nutrition and Physical Activity Act, the Director of the Centers for Disease Control and Prevention shall review the results of the grants awarded under this section and other related research and identify programs that have demonstrated effectiveness in promoting healthy eating behaviors, physical activity, and emotional wellness in youth. Such review shall include an identification of model curricula, best practices, and lessons learned, as well as recommendations for next steps to reduce overweight, obesity, and eating disorders. Information derived from such review, including model program curricula, shall be disseminated to the public.

''(j) DEFINITIONS.—In this section:

''(1) ANOREXIA NERVOSA.—The term 'Anorexia Nervosa' means an eating disorder characterized by self-starvation and excessive weight loss.

''(2) BINGE EATING DISORDER.—The term 'binge eating disorder' means a disorder characterized by frequent episodes of uncontrolled eating.

''(3) BULIMIA NERVOSA.—The term 'Bulimia Nervosa' means an eating disorder characterized by excessive food consumption, followed by inappropriate compensatory behaviors, such as self-induced

vomiting, misuse of laxatives, fasting, or excessive exercise.

''(4) EATING DISORDERS.—The term 'eating disorders' means disorders of eating, including Anorexia Nervosa, Bulimia Nervosa, binge eating disorder, and eating disorders not otherwise specified.

''(5) HEALTHY EATING BEHAVIORS.—The term 'healthy eating behaviors' means—

''(A) eating in quantities adequate to meet, but not in excess of, daily energy needs;

''(B) choosing foods to promote health and prevent disease;

''(C) eating comfortably in social environments that promote healthy relationships with family, peers, and community; and

''(D) eating in a manner to acknowledge internal signals of hunger and satiety.

''(6) OBESE.—The term 'obese' means an adult with a Body Mass Index (BMI) of 30 kg/m^2 or greater.

''(7) OVERWEIGHT.—The term 'overweight' means an adult with a Body Mass Index (BMI) of 25 to 29.9 kg/m^2 and a child or adolescent with a BMI at or above the 95th percentile on the revised Centers for Disease Control and Prevention growth

charts or another appropriate childhood definition, as defined by the Secretary.

''(8) YOUTH.—The term 'youth' means individuals not more than 18 years old.

''(9) EMOTIONAL WELLNESS.—The term 'emotional wellness' means the quality or state of being in good mental health and maintaining high self-esteem, a strong self-image, and healthy relationships.

''(10) HOLISTIC HEALTH.—The term 'holistic health' means the many components of health, including physical, mental, emotional, and social health.

''(11) RELATIONAL AGGRESSION.—The term 'relational aggression' means behaviors that harm youth by damaging, threatening, or manipulating relationships with their peers or by injuring a child's feeling of social acceptance.

''(k) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, $60,000,000 for fiscal year 2010, and such sums as may be necessary for each of fiscal years 2011 through 2014. Of the funds appropriated pursuant to this subsection, the following amounts shall be set aside for activities related to eating disorders:

''(1) $5,000,000 for fiscal year 2010.

''(2) $5,500,000 for fiscal year 2011.

''(3) $6,000,000 for fiscal year 2012.

''(4) $6,500,000 for fiscal year 2013.

''(5) $1,000,000 for fiscal year 2014.''.

SEC. 202. NATIONAL CENTER FOR HEALTH STATISTICS.

Section 306 of the Public Health Service Act (42 U.S.C. 242k) is amended—

(1) in subsection (m)(4)(B), by striking ''subsection (n)'' each place it appears and inserting ''subsection (o)'';

(2) by redesignating subsection (n) as subsection (o); and

(3) by inserting after subsection (m) the following:

''(n)(1) The Secretary, acting through the Center, may provide for the—

''(A) data collection of student fitness levels and physical activity and nutritional behaviors among a nationally representative sample of students from grades 1–12 that can be linked to school-level data on physical education, physical activity, and school nutrition policies and programs, and with individual data on academic performance;

''(B) collection and analysis of data for determining the connection between children and youth's physical and emotional health; and

''(C) analysis of data collected as part of the National Health and Nutrition Examination Survey and other data sources.

''(2) In carrying out paragraph (1), the Secretary, acting through the Center, may make grants to States, public entities, and nonprofit entities.

''(3) The Secretary, acting through the Center, may provide technical assistance, standards, and methodologies to grantees supported by this subsection in order to maximize the data quality and comparability with other studies.''.

SEC. 203. HEALTH DISPARITIES REPORT.

Not later than 18 months after the date of enactment of this Act, and annually thereafter, the Director of the Agency for Healthcare Research and Quality shall review all research that results from the activities carried out under this Act (and the amendments made by this Act) and determine if particular information may be important to the report on health disparities required by section 903(c)(3) of the Public Health Service Act (42 U.S.C. 299a–1(c)(3)).

SEC. 204. PREVENTIVE HEALTH SERVICES BLOCK GRANT.

Section 1904(a)(1) of the Public Health Service Act (42 U.S.C. 300w–3(a)(1)) is amended by adding at the end the following:

''(H) Activities and community education programs designed to address and prevent overweight, obesity, and eating disorders through effective programs to promote healthy eating, and exercise habits and behaviors, and emotional and social wellness.''.

SEC. 205. REPORT ON OBESITY AND EATING DISORDERS RESEARCH.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on research conducted on causes and health implications (including mental health implications) of being overweight, obesity, and eating disorders.

(b) CONTENT.—The report described in subsection (a) shall contain—

(1) descriptions on the status of relevant, current, ongoing research being conducted in the Department of Health and Human Services including research at the National Institutes of Health, the Centers for Disease Control and Prevention, the

Agency for Healthcare Research and Quality, the Health Resources and Services Administration, and other offices and agencies;

(2) information about what these studies have shown regarding the causes, prevention, and treatment of, being overweight, obesity, and eating disorder, as well as the connection between physical health and emotional health, especially in youths;

(3) recommendations on further research that is needed, including research among diverse populations (including diverse women and girls), the plan of the Department of Health and Human Services for conducting such research, and how current knowledge can be disseminated; and

(4) information on the effect media images have on youth's body image, emotional health, and eating and exercise habits.

SEC. 206. REPORT ON A NATIONAL CAMPAIGN TO CHANGE CHILDREN'S HEALTH BEHAVIORS AND REDUCE OBESITY.

Section 399Y of the Public Health Service Act (42 U.S.C. 280h–2) is amended—

(1) by redesignating subsection (b) as subsection (c); and

(2) by inserting after subsection (a) the following:

''(b) REPORT.—The Secretary shall evaluate the effectiveness of the campaign described in subsection (a) in changing children's behaviors, identifying the connection between emotional and physical health, promoting both emotional and physical health as a way to increase general health in youth, including preventing and reducing childhood obesity and eating disorders, and reducing obesity and shall report such results to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives.''.

○